**Sign up sheet**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Attendee:** | Name: |  |
| Phone: |  |
| Email address: |  |
|  | Group Interest: |  |
|  | Postcode (minimum)  Address (preferable): |  |
|  | Nationality: |  |
|  | Gender: |  |
|  | Date of Birth: |  |
|  | Emergency Contact: |  |
|  | Emergency Contact Phone: |  |
|  | Medical Notes: |  |
|  | Known to secondary services (CMHT) | Yes/No |
| **If Applicable Referred by:** | Name: |  |
| Phone:  Email: |  |
| Organisation |  |

Take Off Peer Worker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed GDPR (tick)  Signed Media consent (tick)

Boundaries leaflet (tick)